

CLINICAL PRIVILEGES – OBSTETRICIAN/GYNECOLOGIST

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

CODES: 1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
 2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
 3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
 4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT (Last, First, Middle Initial)

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES – OBSTETRICIAN/GYNECOLOGIST

Requested	Verified		Requested	Verified	
		A. GYNECOLOGY			2. Vagina (continued)
		1. Vulva and introitus			c. Repair
		a. Incision and drainage, abscess of vulva			(1) Anterior colporrhaphy; repair of cystocele
		b. Incision and drainage of Bartholin's gland abscess			(2) Posterior colporrhaphy, repair or rectocele
					(a) With perineoplasty or perineorrhaphy
		c. Excision			(3) Combined anterior-posterior colporrhaphy
		(1) Biopsy of vulva			(4) Urethral suspension – abdominal or vaginal approach <i>(includes retropubic urethropexy, needle suspension procedures)</i>
		(2) Local excision or fulguration of lesion(s) of external genitalia			(a) Sling procedure, including autologous, synthetic, or cadaveric graft
		(a) Including laser			
		(3) Vulvectomy – complete or partial			(5) Repair of enterocele – abdominal or vaginal approach
		(4) Clitoridectomy			
		(5) Hymenectomy; partial excision of hymen			(6) Colpopexy; abdominal, vaginal, or laparoscopic approach; includes uterosacral ligament plication/suspension, Symmonds-Lee procedure, sacrospinous ligament fixation, use of levator or obturator fascia, sacrocolpopexy
		(6) Excision of Bartholin's gland or cyst			
		(7) Marsupialization of Bartholin's gland or cyst			
		(8) Excision or fulguration of Skene's gland			
		(9) Excision or fulguration of urethra carbuncle			(a) Using graft material, including rectus fascia or fascia lata, autologous grafts, synthetic grafts
		(10) Excision of urethral diverticulum			
		(11) Excision or fulguration of urethral carcinoma			
		(12) Radical vulvectomy with/without node dissection			(7) Construction of artificial vagina <i>(vaginal atresia or absence)</i> with or without graft
		d. Repair			
		(1) Plastic repair of vulva for injury; includes hematoma evacuation, suture repair			(8) Closure of vaginal fistula
		(2) Plastic operation on urethra, vaginal approach <i>(Kelly, Kennedy, Beck procedures)</i>			(9) Paravaginal repair – abdominal or vaginal approach
		(3) Plastic repair of urethra for mucosal prolapse			(10) Culdoplasty; abdominal, vaginal, or laparoscopic approach; includes uterosacral plication/suspension; McCall's, Halban's, Moschowitz, Torpin's procedures
		(4) Plastic repair of urethrocele			
		2. Vagina			d. Manipulation
		a. Incision			(1) Dilatation of vagina under anesthesia
		(1) Colpotomy with exploration or drainage of pelvic abscess			(2) Pelvic examination under anesthesia
					(3) Pelvic examination without anesthesia
		(2) Culdocentesis			e. Colpotomy with or without excisional biopsy
		(3) Repair of imperforate hymen			3. Oviduct
		(4) Biopsy of vaginal mucosa			a. Incision, transection, or interruption of Fallopian tube, unilateral or bilateral; abdominal, vaginal or laparoscopic approach; includes use of cautery, clips, rings, bands, suture
		(5) Excision and/or fulguration of local lesion(s)			
		(a) Including laser			
		(6) Colpocleisis, obliteration of vagina			
		(7) Excision of vaginal septum			(1) Postpartum, during same hospitalization
		(8) Vaginectomy			
		b. Introduction, irrigation, and/or application of any medicament for treatment of bacterial, parasitic, or fungal disease			(2) With cesarean
					(3) Interval

I. LIST OF CLINICAL PRIVILEGES – OBSTETRICIAN/GYNECOLOGIST (Continued)					
Requested	Verified		Requested	Verified	
		3. Oviduct (continued)			6. Corpus Uteri (continued)
		b. Excision			d. Introduction
		(1) Salpingectomy – complete or partial, unilateral or bilateral			(1) Insufflation of uterus and tubes with air or CO ₂ (<i>Rubins test</i>)
		(2) Salpingo-oophorectomy – complete or partial, unilateral or bilateral			(2) Injection procedure for hysterosalpingography, hysteroscopy, or sonohysterosalpingogram
		(3) Salpingostomy – unilateral or bilateral			
		c. Repair			e. Repair
		(1) Tubal repair procedures, including anastomosis, neosalpingostomy, fimbrioplasty			(1) Uterine suspension with or without shortening of round ligaments with
		4. Ovary			(a) Interposition operation with or without pelvic floor repair
		a. Incision			(2) Shortening of uterosacral ligaments
		(1) Drainage of ovarian cyst – unilateral or bilateral			
		(2) Drainage of ovarian abscess – vaginal or abdominal approach			7. Perineum
		b. Excision			a. Excision
		(1) Biopsy of ovary – unilateral or bilateral			(1) Biopsy of perineum
		(2) Partial oophorectomy – bilateral or unilateral			(2) Excision of local lesion/fulguration
		(3) Cystectomy – bilateral or unilateral			b. Incision and drainage of perineal cyst, abscess
		(4) Oophorectomy – unilateral or bilateral			c. Repair
		5. Cervix			(1) Perineoplasty
		a. Excision			(2) Perineorrhaphy
		(1) Biopsy or local excision of lesion, with or without fulguration; quadrant biopsy, including loop electrosurgical excision procedure (LEEP)			(3) Perineal fistula
		(2) Cauterization of cervix			B. OBSTETRICS
		(3) Biopsy of cervix, circumferential (<i>cone</i>) with or without dilation and curettage			1. Incision
		(4) Trachelectomy			a. Classical cesarean section
		(5) Cryotherapy			b. Low cervical
		b. Introduction			(1) Vertical
		(1) Insertion of any hemostatic agent for control of hemorrhage			(2) Transverse
		(2) Removal of intracervical or intrauterine device			c. Cesarean section and hysterectomy – total or subtotal
		(3) Tracheloplasty; surgical repair of uterine cervix, vaginal approach			d. Extraperitoneal cesarean section
		c. Manipulation			e. Aminiocentesis
		(1) Dilation of cervical canal			2. Excision
		(2) Curettage of cervical canal			a. Ectopic pregnancy tubal, requiring salpingectomy, salpingostomy, and/or oophorectomy – abdominal or laparoscopic approach
		d. Colposcopy			(1) Ovarian, requiring oophorectomy
		6. Corpus uteri			b. Hysterotomy, abdominal, for removal of hydatidiform mole
		a. Hysteroscopy – diagnostic and/or therapeutic (to include myomectomy, polypectomy, biopsy)			3. Manipulation
		b. Ablation -- using excisional, cauterization, or thermal methods			a. Total obstetrical care including antepartum care, obstetrical delivery (with or without forceps, vacuum, and/or episiotomy) and postpartum care
		c. Excision			b. Obstetrical delivery (with or without forceps, vacuum, and/or episiotomy) and including hospital postpartum care
		(1) Endometrial biopsy			c. Antepartum care only
		(2) Dilation and curettage (D&C) – diagnostic and/or therapeutic (<i>non-obstetrical</i>)			d. Dilation and curettage of uterus for postpartum bleeding
		(3) Myomectomy; excision of fibroid tumor of uterus (<i>non-obstetrical</i>)			f. Removal of intracervical or intrauterine device
		(4) Total hysterectomy (<i>corpus and cervix</i>) with or without tubes, and/or ovaries, one or both; includes abdominal, vaginal, or laparoscopic approach			g. Dilation and curettage – diagnostic and/or therapeutic
		(5) Supracervical hysterectomy: subtotal hysterectomy with or without tubes and/or ovaries; includes abdominal, vaginal, or laparoscopic approach			h. Menstrual extraction
		(6) Radical hysterectomy with or without node dissection			i. Suction curettage
					j. Prostaglandin therapy (cervical ripening, labor induction)
					k. Tubal ligation or transection/excision, postpartum – unilateral or bilateral
					l. Total hysterectomy
					m. Supracervical hysterectomy; subtotal hysterectomy

I. LIST OF CLINICAL PRIVILEGES – OBSTETRICIAN/GYNECOLOGIST (Continued)					
Requested	Verified		Requested	Verified	
		3. Manipulation (continued)			5. Lymph node dissection (continued)
		n. Hysterorrhaphy; repair of ruptured uterus			b. Abdominal
		o. Salpingectomy – complete or partial, unilateral or bilateral			(1) Open approach
					(2) Laparoscopic approach
		p. Salpingo-oophorectomy – complete or partial, unilateral or bilateral			6. Cystoscopy
					a. Diagnostic -- visualization only
		q. Partial oophorectomy – bilateral or unilateral			b. Diagnostic – including biopsy, excision
		C. ADDITIONAL PROCEDURES			c. In conjunction with gynecologic operative procedures, including hysterectomy, vaginal reconstruction procedures
		1. Laser – fulguration of lesions:			
		a. Vulva			
		b. Vagina			7. Pelvic pain procedures
		c. Cervix			a. Presacral neurectomy – open or laparoscopic approach
		d. Intra-abdominal (<i>laparoscopy</i>)			
		2. Laparoscopy			b. Uterosacral nerve ablation -- open or laparoscopic approach
		a. Diagnostic			c. Local anesthetic injection (" <i>trigger point</i> ")
		b. Operative, to include biopsy, fulguration, adhesiolysis, removal (<i>part or all of tube or ovary, bilateral or unilateral, uterus, myomectomy, pelvic mass</i>), repair (<i>repair of uterus/tube/ovary, vaginal suspension, paraurethral suspension</i>)			8. Methotrexate injection for treatment of ectopic pregnancy
					9. Urinary incontinence evaluation
		3. Lysis of adhesions, laparoscopy or laparotomy			a. Office (<i>simple</i>) cystometrics
		4. Pelvic ultrasound			b. Multichannel urodynamic evaluation, including complex cystometrics with leak point pressure measurement, pressure-flow studies, urethral pressure profile, uroflowmetry
		a. Basic obstetrical ultrasound – vaginal or abdominal approach			
		b. Basic gynecologic ultrasound – vaginal or abdominal approach			D. OTHER (<i>Specify</i>)
		5. Lymph node dissection			1.
		a. Pelvic			2.
		(1) Open approach			3.
		(2) Laparoscopic approach			4.
SIGNATURE OF APPLICANT					DATE
II. CLINICAL SUPERVISOR'S RECOMMENDATION					
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (<i>Specify below</i>) <input type="checkbox"/> RECOMMEND DISAPPROVAL (<i>Specify below</i>)					
SIGNATURE OF CLINICAL SUPERVISOR (<i>Include typed, printed, or stamped signature block</i>) DATE					